

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 561179

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32		3				
33		3				
34		3				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
62		3				
63		0				
64		3				
65		3				
66		3				
67		3				
68		3				
69		3				
70		3				
71		3				
72		3				
73		3				
74		3				
75		3				
76		3				
77		3				
78	1					
79	1					
80		2				
81		2				
82		2				
83	1					
84		2				
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	133	←		←		←
TOTAL CLAIMS	137					